MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10,596742 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS AFTER** AFTER **AS FILED** AFTER AFTER AS FILED I" AMENDMENT 2 ™ AMENDMENT I"AMENDMENT 2 - AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. $4\overline{0}$ TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS

CLAIMS

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE